FORM D



UNITED ST SECURITIES AND EXCHANGE

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	PROVAL
OMB Number:	3235-0076
—	14 04 0005

Expires: May 31, 2005

Estimated average burden hours per form..... 16.00

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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Purchase of Common Stock (Restricted Shares)
Filing Under (Check box(es) that apply): Rule 504 □ Rule 505 ☒ Rule 506 □ Section 4(6) □ ULOE
Type of Filing: ■ New Filing □ Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.) Rosum Corporation 03019440
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
1450 Veterans Boulevard, Suite 100, Redwood City, CA 94063 (650) 421-4000
Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
Brief Description of Business To develop position-location technology.
Type of Business Organization PROCESS
☑ corporation ☐ limited partnership, already formed
□ other: General Partnership APR 03 200
□ business trust □ limited partnership, to be formed
Actual or Estimated Date of Incorporation or Organization: Month Year

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate Federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notic

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the SEC 1972 (7-00) 1 of 8 form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; Each general and managing of partnership issuers. Check Box(es) that Apply: ☐ Promoter Beneficial Owner □ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Baran, Paul Business or Residence Address (Number and Street, City, Zip Code) 1450 Veterans Boulevard, Suite 100, Redwood City, CA 94063 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Full Name (Last name first, if individual) Gibbons, James F. Business or Residence Address (Number and Street, City, Zip Code) 1450 Veterans Boulevard, Suite 100, Redwood City, CA 94063 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Lewis, Matthew Business or Residence Address (Number and Street, City, Zip Code) 1450 Veterans Boulevard, Suite 100, Redwood City, CA 94063 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Rabinowitz, Matthew Business or Residence Address (Number and Street, City, Zip Code) 1450 Veterans Boulevard, Suite 100, Redwood City, CA 94063 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Spilker, Jr., James J. Business or Residence Address (Number and Street, City, Zip Code)

Business or Residence Address (Number and Street, City, Zip Code)

■ Beneficial Owner

☐ Beneficial Owner

1450 Veterans Boulevard, Suite 100, Redwood City, CA 94063

Business or Residence Address (Number and Street, City, Zip Code) 1450 Veterans Boulevard, Suite 100, Redwood City, CA 94063

Check Box(es) that Apply: ☐ Promoter

Full Name (Last name first, if individual)

James J. Spilker, Jr. and Anna Marie Spilker

Check Box(es) that Apply: ☐ Promoter

Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

□ Executive Officer

☐ Executive Officer

□ Director

□ Director

☐ General and/or Managing Partner

☐ General and/or

Managing Partner

				B. IN	FORMA1	TON ABO	UT OFFE	RING				
												Yes No
1.	Has the issu	er sold, or			l to sell, to in Appendi					•••••••	•••••••	□ 🗷
2.	What is the	minimum	investment	that will b	e accepted	from any i	ndividual?.	•••••			•••••	
3.	Does the of	fering pern	nit joint ow	nership of	a single un	it?		••••••	•••••		•••••	Yes No ☑ □
4.	Enter the in commission a person to states, list the broker or de	or similar be listed is he name of ealer, you n	remunerat an associa f the broke may set fort	ion or solic ited person r or dealer	citation of portion of agent of agent of the state of the	ourchasers f a broker than five (in connecti or dealer re 5) persons	on with sa egistered w to be listed	les of seculith the SECILIAN INC.	rities in the C and/or w	offering.	If or
Full Name	(Last name	first, if ind	lividual)									
Business o	or Residence	Address (1	Number and	d Street, C	ity, State, Z	(ip Code)						
Name of A	Associated B	roker or De	ealer	<u></u>								
States in V	Which Person	1 Listed Ha	s Solicited	or Intends	to Solicit I	urchasers					· · · · · · · · · · · · · · · · · · ·	
	. (Check "All	l States" or	check indi	vidual Stat	es)		***********	•••••••	************		l All States
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[RI] Full Name	[SC] (Last name	[SD]	[TN] lividual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
_	·		<u> </u>									
Business o	or Residence	Address (1	Number and	d Street, Ci	ty, State, Z	ip Code)						
Name of A	Associated B	roker or De	ealer									
States in V	Vhich Persor	Listed Ha	s Solicited	or Intends	to Solicit F	urchasers						
	(Check "All	l States" or	check indi	vidual Stat	es)	*************	••••••	•••••••	**************		l All States
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Full Name	(Last name	first, if ind	lividual)									
Business c	or Residence	Address (f	Number and	d Street, Ci	ty, State, Z	ip Code)						
Name of A	Associated B	roker or De	ealer									
States in V	Vhich Persor	Listed Ha	s Solicited	or Intends	to Solicit F	Purchasers						
	(Check "All	l States" or	check indi	vidual Stat	es)		•••••		•••••		All States
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF P	ROCEED	S	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction in an exchange offering, check this box E and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security Debt	Offer	gregate ing Price		Sold 0
	Equity		52,500		52,500
	☑ Common ☐ Preferred	Ψ	32,300	Ψ_	32,300
		¢	0	¢	0
	Convertible Securities (including warrants)		0		0
	Limited Partnership Interests		0	_	0
	Other (Specify)		0	_	0
	Total	\$	52,500	\$_	52,500
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			imber restors	Dol	aggregate lar Amount f Purchase
	Accredited Investors		3	\$_	52,500
	Non-accredited Investors		0	_	0
	Total (for filings under Rule 504 only)			\$_	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering		pe of curity	Do	lar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A_	\$_	N/A
	Total		N/A_	\$_	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees		_	\$	0
	Printing and Engraving Costs				
	Legal Fees				0
	•				
	Accounting Fees				
	Engineering Fees				0
	Sales Commissions (specify finders' fees separately)				
	Other Expenses (identify) miscentaneous including printing and anticipated fitting fees			φ_ *	0

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and l	Exchange Com	miss	sion, upon written req
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1	E. STATE SIGNATURE	
7 2 7	FR 230.262 presently subject to any of the disqualification	•
0.2 0.000.2 1.000	See Appendix, Column 5, for state response	
	y undertakes to furnish to any state administrator of any such times as required by state law.	state in which this notice is filed, a notice on
3. The undersigned issuer hereby to offerees.	undertakes to furnish to the state administrators, upon wr	itten request, information furnished by the issuer
Offering Exemption (ULOE)	ents that the issuer is familiar with the conditions that must of the state in which this notice is filed and understands stablishing that these conditions have been satisfied.	
The issuer has read this notification undersigned duly authorized person	on and knows the contents to be true and has duly caus	ed this notice to be signed on its behalf of the
Issuer (Print or Type)	Signature	Date
Rosum Corporation	Mathen fais	March 20, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Matthew Lewis	Chief Financial Officer, Secreta	ry

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APP	ENDIX						
1	Intend To non-a Investor	I to sell accredited is in State -Item 1)	Type of security And aggregate Offering price Offered in state (Part C-Item 1)		amount pui	investor and rchased in State C-Item 2)		Disqual under Sta (if yes explan waiver gra	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
STATE	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No		
AL] 				<u> </u>						
AK	<u> </u>		1								
AZ			· · · · · · · · · · · · · · · · · · ·								
AR					,						
CA		X	Purchase of Common Stock	3	\$52,500.00	0	N/A	ļ	X		
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, -				APPI	ENDIX				
1	Investors		Type of security And aggregate Offering price Offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 lification ate ULOE , attach ation of anted) (Part em 1)
STATE				Number of Accredited	A	Number of Non-Accredited		*7	•
NE NE	Yes	No		Investors	Amount	Investors	Amount	Yes	No
NV								<u> </u>	
NH			<u> </u>						
NJ							<u> </u>		
NM									
NY									
NC									
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